



CITY OF CAMBRIDGE
Inspectional Services Department 831 Mass Ave.
Cambridge, Massachusetts 02139 (617) 349 – 6100

Permit No. _____

Occupancy & Fee Checked _____
(leave blank)

BOARD OF FIRE PREVENTION REGULATIONS

FPR-11, RULE 8 EFFECTIVE 1/1/78

APPLICATION FOR PERMIT TO PERFORM ELECTRICAL WORK

All work to be performed in accordance with the Massachusetts Electrical Code. 527 CMR 12:00

(PLEASE PRINT IN INK OR TYPE ALL INFORMATION)

Date: _____

City or Town of _____ To the Inspector of Wires
The undersigned applies for a permit to perform the electrical work described below.

Location (street & number) _____

Owner or Tenant _____

Owner's Address _____

Is this permit in conjunction with a building permit: YES NO (check appropriate box)

Purpose of Building _____ Utility Authorization NO. _____

Existing Service _____ Amps _____ Volts _____ Overhead _____ Undgrd. _____ No. of Meters _____

New Service _____ Amps _____ Volts _____ Overhead _____ Undgrd. _____ No. of Meters _____

Number of Feeders of Proposed Electrical Work _____

No. of Lighting Outlets	No. of Hot Tubs	No. of Transformers	Total KVA
No. of Lighting Fixtures	Swimming Pools Above Grnd. In Grnd.	Generators	KVA
No. of Receptacle Outlets	No. of Oil Burners	No. of Emergency Lighting Battery Units	
No. of Switch Outlets	No. of Gas Burners	Fire Alarms No. of Zones No. of Detection and Initiating Devices No. of Sounding Devices No. of Self Contained Detection/Sounding Devices Local Municipal Other Connection	
No. of Ranges	No. of Air Cond. Total Tons		
No. of Disposals	No. of Heat Pumps Total Tons Total KW		
No. of Dishwashers	Space/Area Heating KW		
No. of Dryers	Heating Devices KW		
No. of Water Heaters KW	No. of Signs No of Ballasts	Low Voltage Wiring	
No. Hydro Massage Tubs	No. of Motors Total HP		

Other: _____

INSURANCE COVERAGE: Pursuant to the requirements of Massachusetts General Laws

I have a current Liability Insurance Policy including Complete Operations Coverage or its substantial equivalent. YES NO I have submitted valid proof of same to this office. YES NO If you have checked YES, please indicate the type of coverage by checking the appropriate box.

INSURANCE BOND OTHER (Please Specify)

Estimate Value of Electrical Work \$ _____

Work Start _____

Inspection Date Requested: _____

Rough _____

Final _____

Signed under penalties of perjury:

Firm Name _____

Licensee _____

Address _____

LIC. NO _____

LIC. NO _____

Bus. Tel No _____

Alt. Tel. No _____

OWNER'S INSURANCE WAIVER: I am aware that the License does not have the insurance coverage or its substantial equivalent as required by Massachusetts General Laws, and that my signature on this permit application waives this requirement.

Owner _____ Agent _____ (Please check one)

Telephone No. _____

PERMIT FEE \$ _____

(Signature of Owner Agent)